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Sex Education in Scottish Schools

Effective Consultation with Parents and Carers

guidance

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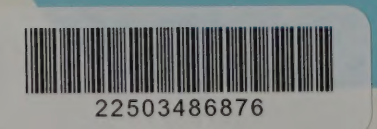


Guidance for Schools and Local Authorities on Effective Consultation with Parents and Carers

Contents

	Page
Preface	ii
Introduction	1
Section 1: Principles and Aims of Sex Education	3
Principles	
Aims	
Section 2: The Legal Framework	4
Introduction	
Rights and responsibilities	
The legal context	
Section 3: Organisation and Management	6
Parents and carers as partners: the role of the local authority	
Parents and carers as partners: the role of the school	
Parents and carers as partners: features of good practice	
Consultation with parents: performance indicators	

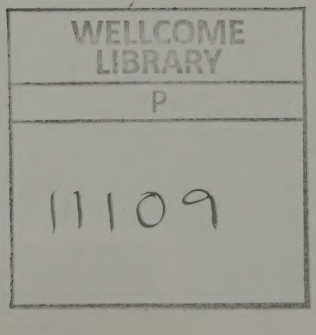
Preface

This document follows the report of the Working Group on Sex Education in Scottish Schools (June 2000) and is based on a survey of current good practice across Scotland. In seeking a more consistent approach, this document sets out to provide guidance and support for local authorities and schools in consulting with parents.

It is intended that this document be used in conjunction with the circular *Standards in Scotland's Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools*, and the *Summary of National Advice on Sex Education*. It is also particularly important that schools and teachers understand and be familiar with the *Guide for Parents and Carers*.

Sex education should be presented in a context that values stable relationships, healthy living and personal responsibility and firmly sets sex education within the wider context of health education, religious and moral education and personal and social development.

The Executive seeks to ensure that national advice and curricular guidance is suitable for all authorities and schools in Scotland. It is recognised that religious authorities with a role in denominational education do provide guidance for their denominational schools, and that right will continue as at present.



Introduction

The school is one very important factor in the education of children and young people, but children are also members of families and part of a wider community, and all contribute to the learning of the child.

Schools are now required to consult parents in advance on sex education programmes.

Effective consultation will depend on good working relationships with parents and carers, built by nurturing confidence and trust. It is the responsibility of schools and local authorities to develop such relationships by:

- creating an ethos that encourages partnership
- developing strategies to involve parents in schools
- sharing information and encouraging two-way communication
- consulting parents in advance on the learning planned for their children
- developing procedures to take account of parents' views and responding to their concerns
- showing an appreciation and understanding of ethnic, cultural and religious diversity and influences
- supporting parents throughout the consultation process
- supporting staff in establishing partnerships
- valuing and celebrating the participation and contribution of parents
- avoiding educational jargon
- making every effort to schedule meetings at times convenient for parents.

Many schools have already established effective strategies for consultation with parents/carers on a wide variety of issues, including sex education. Schools should continue to build on dialogue with parents/carers about the nature and purpose of sex education and promote the variety of opportunities available for consultation. There are many ways for parents and carers to be involved and to offer their views.

Some of these are:

- parents' evenings where health education issues are discussed with opportunities to ask questions about the programmes
- information about sex education in the school handbook or prospectus
- health education working groups
- workshops or information sessions where materials are on display
- question and answer booklets
- surveys to find out parents' and carers' views on the sex education programme.

Performance indicators from *A Route to Health Promotion: Self-Evaluation Using Performance Indicators* on pp. 9–11 of this document also offer specific advice on effective consultation with parents.

Section 3 of this document, 'Organisation and Management', offers local authorities and schools:

- a clear framework that will form the basis for the continuing development of their policies and practice
- features of good practice in translating policy into practice
- performance indicators about consulting parents across the spectrum of health education.

Through good relationships and the establishment of trust and confidence in the professionalism and sound judgement of teachers, concerns can be more readily addressed. Schools should establish clear procedures and make these available to parents who wish to raise concerns.

Consultation with parents must be informed by recognition of the interests of the child in any discussion and an acknowledgement that the child too has rights in law. The Children (Scotland) Act 1995 recognises the child's right to have his or her view taken into account in line with age and maturity. In effect, the law has moved away from adults exercising rights over children. Parental rights exist to allow parents to fulfil their responsibilities towards their children. The Standards in Scotland's Schools, etc. Act, 2000 introduces a right for pupils at school to have the opportunity to make their views known when the school is preparing its development plan, which sets out the educational objectives for the school.

Introduction

It makes sense to recognise the value of involving young people themselves in any discussions. Research shows that the effectiveness of any health education programme is greatly enhanced by involving young people in discussion and consultation. Schools should continue to consider strategies for consulting with pupils in order to allow them to identify and express their own needs.

For sex education to be effective, schools and support agencies have to acknowledge the diverse nature of cohort groups within schools and, where possible, respond to the individual circumstances of pupils. Partnership with support agencies is essential. Separate guidance on working with external agencies within the school, and on issues of confidentiality for all professionals involved, is currently being prepared.

There are a number of groups that require particular consideration. These include children and young people:

- with special educational needs
- who are looked after by local authorities
- who could be considered vulnerable or at risk
- who have concerns regarding their sexuality
- who are, or believe they are, less or more mature than their peer group
- whose circumstances might expose them to taunting.

For some young people for whom care plans are devised, social workers and other health agencies may well be able to provide input to any consultation with parents and carers to which schools themselves may not be party. It would therefore be important for local authorities to address the issue of multiple agency involvement in any policy on consultation.

Where schools explain and consult sensitively and fully with parents regarding sex education, showing that the safeguards alongside the guidance are clearly in place, parents will feel confident about their child's participation in the sex education programme.

Most parents and carers are happy for schools to let their child take part in the sex education programme provided by their school. However, in some exceptional circumstances there will be occasions when a parent or carer takes the view that this is an aspect of their child's education that they prefer to deal with only at home. This is their choice. However, parents/carers and the school must also take into account the child's view, given the child's statutory right to education. Parents/carers should be reminded that the risk of the child being separated from their peer group might also affect the child's confidence and self-esteem.

Where a parent or carer nevertheless chooses to withdraw their child from the sex education programme they should talk to the headteacher who will explain what arrangements can be made for their child. Schools are responsible for making alternative arrangements and schools and local authorities must ensure that both the parent/carer and the child are fully aware of the withdrawal arrangements. It is recognised that aspects of sex education may be discussed in many areas of the curriculum and it would not be possible for a child to be withdrawn from lessons across the curriculum, as this would prevent the child from receiving an adequate and efficient education.

Section 1: Principles and Aims of Sex Education

The report of the Working Group on Sex Education in Scottish Schools, June 2000, recommended the following principles and aims. These are incorporated in the circular *Standards in Scotland's Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools.*

Principles

Sex education can be defined as a lifelong process whereby children and young people acquire knowledge, understanding and skills, and develop beliefs, attitudes and values about their sexuality and relationships within a moral and ethical framework.

The key principles are as follows.

- Sex education should be viewed as one element of health education, set within the wider context of health promotion and the health-promoting ethos of the school.
- Sex education should contribute to the physical, emotional, moral and spiritual development of all young people within the context of today's society.
- Education about sexuality and relationships should reflect the cultural, ethnic and religious influences within the home, the school and the community.
- Sex education should be non-discriminatory and sensitive to the diverse backgrounds and needs of all young people.
- Sex education starts informally at an early stage with parents and carers, and continues through to adulthood both within the home and at all stages of school life.

Aims

The key aims of sex education are to:

- provide accurate and relevant information about the physical and emotional changes that children and young people will experience throughout their formative years and into adulthood
- establish an awareness of the importance of stable family life and relationships, including the responsibilities of parenthood and marriage
- provide opportunities for children and young people to develop personal and interpersonal skills that will enable them to make and maintain appropriate relationships within the family, with friends and within the wider community
- enable children and young people to develop and reflect upon their beliefs, attitudes and values in relation to themselves and others within a moral, ethical and multicultural framework
- foster self-awareness and self-esteem and a sense of responsibility and respect for themselves and others
- provide opportunities for young people to consider and reflect upon the range of attitudes to gender, sexuality and sexual orientation, relationships and family life
- develop an appreciation of, and respect for, diversity and of the need to avoid prejudice and discrimination
- provide information about the skills for accessing, where appropriate, agencies and services providing support and advice to young people.

Section 2: The Legal Framework

This section of the guidelines provides a summary of the key elements of legislation that have specific implications for local authorities and schools as they affect consultation with parents and carers. In continuing to develop their policies, education authorities and schools need to bear the legal framework in mind.

This section of the document is intended as a working guide, not an exhaustive list. Where concerns arise, the first port of call for education authorities would, of course, be their own legal departments.

Parents and carers have an important role to play in sex education. They are considered by law to have a major responsibility for the education of their children. These responsibilities are balanced by certain rights, some of which relate to education and are enshrined in the European Convention of Human Rights (ECHR) and Scots law. Children and young people also have rights, enshrined in the ECHR and Scots law.

Rights and responsibilities

Rights and responsibilities of parents, carers, children and young people might be summarised as:

- the right of the child to education
- the right of the child or young person to have his or her views increasingly taken into account as she/he matures
- the right of pupils to have their views taken into account when the school is preparing its development plan
- the right of parents to have religious or philosophical convictions taken into account, within specified limits
- the responsibility of parents to provide their child with efficient education
- the responsibility of local authorities to secure provision of education that takes into account the development of the personality, talents and full potential of the child (There is therefore a statutory duty to look beyond general provision to the development of the individual child).
- the responsibility of schools to consult with parents on programmes for sex education.

The legal context

The Education (Scotland) Act 1980

This Act places education authorities under a duty to secure adequate and efficient provision of education for their area.

It also places a duty on parents of children of school age to provide their child with efficient education suitable to their age, ability and aptitude either by causing them to attend school or by other means.

The Standards in Scotland's Schools, etc. Act 2000

While the Education (Scotland) Act 1980 places education authorities under a duty to secure adequate and efficient provision of education in their area, the Standards in Scotland's Schools, etc. Act 2000 establishes a complementary statutory right in favour of every child to have a school education provided by, or under arrangements made by, the local authority. It describes a key aim towards which school education must be directed by the education authorities.

The aim is to make the development of the personality, talents, etc., of the child or young person central to the direction of school education. This new provision puts education authorities under a statutory duty to look beyond general provision to the development of the individual child.

This Act also introduces a right for pupils at school to have the opportunity to make their views known when the school is preparing its development plan, which sets out the education objectives for the school.

The Legal Framework

The Standards in Scotland's Schools, etc. Act 2000 enables Ministers to issue guidance on the conduct of sex education in schools. The Act further places a responsibility on education authorities to have regard to the guidance outlined in the circular, *Standards in Scotland's Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools.* This guidance makes it clear that all schools should adopt the practice of consulting parents when they are developing or reviewing their programme of sex education. It also makes it clear that schools should have simple, direct procedures for parents to raise concerns.

Ethical Standards in Public Life Act (Scotland) 2000 – Section 35: Conduct of Sex Education in Scottish Schools

In respect of sex education in particular, councils are now placed under the following requirement by Section 35 of the Act to have regard to two principles in the performance of their functions that relate principally to children. These principles are:

- the value of stable family life in a child's development
- the need to ensure that the content of instruction provided by authorities is appropriate, having regard to each child's age, understanding and stage of development.

The Children (Scotland) Act 1995

This Act requires parents to take responsibility for young people up to the age of 16. Parents are expected to:

- safeguard and promote the child's welfare
- provide direction to the child
- maintain regular contact with the child
- act as a legal representative
- provide guidance up to the age of 18.

The Children (Scotland) Act 1995 also requires local authorities to devise a Children's Services Plan based on key principles that have to be borne in mind in any consultation with parents.

These are as follows.

- Parents have responsibilities as well as rights in respect of their children.
- The welfare of the child should be the paramount concern in the determination of any matters affecting them.
- Due regard should be given to a child's religious persuasion, racial origin and cultural and linguistic background.
- Due regard should be given to children's views in line with the child's age and maturity.

This last point is particularly significant in that the Act requires the parental role to change at the age of 16. Parents cease to give direction; instead they offer guidance. The point of transition has to be borne in mind when schools and local authorities are considering provision for young people aged 16 and over.

Age of Legal Capacity (Scotland) Act 1991

This Act describes the circumstances under which a child is considered to have reached the age of legal capacity to consent to enter into transactions. The Act clarifies the law relating to a child's capacity to consent to medical treatment on his or her own behalf. This is determined according to the child's capacity to understand the nature and possible consequences of the treatment concerned.

The Human Rights Act 1998: Article 2 of the First Protocol

This Act, in force from 2 October 2000, allows the courts to take into account and effectively enforce some of the rights contained in the ECHR, including the right to liberty and security (Article 5) and the right to education (Article 2 of the First Protocol).

The ECHR 'right to education' is expressed as follows.

> *No person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching in conformity with their own religious and philosophical convictions.*
>
> ***Human Rights Act 1998: Article 2 of the First Protocol***

Article 2 of the First Protocol is subject to a reservation entered by the UK, and reflected in Section 28 of the Education Scotland Act 1980, to the effect that the second sentence quoted above is accepted only in so far as it is compatible with the provision of efficient instruction and training and with the avoidance of unreasonable public expenditure.

United Nations Convention on the Rights of the Child

The Convention entered into force in the United Kingdom on 15 January 1992. It lists a number of agreed articles that relate to the protection, wellbeing and development of children and young people up to the age of 18. These include:

- Article 3: When adults or organisations make decisions that affect children, they must always think first about what would be best for the child.
- Article 12: Children too have the right to say what they think of anything that affects them. What they say must be listened to carefully...
- Article 17: Children should be able to get hold of a wide range of information, especially any that would make life better for them.

Section 3: Organisation and Management

Parents and carers as partners: the role of the local authority; the role of the school

The information that follows on page 7 is based on current good practice, and provides local authorities and schools with a clear framework that will form the basis for the continuing development of their individual policy and practice.

Parents and carers as partners: features of good practice

Page 8 offers features of good practice in translating policy into practice.

Consultation with parents: Performance Indicators

Pages 9–11 provide extracts from *A Route to Health Promotion: Self Evaluation using Performance Indicators,* which schools may find useful when developing policies for parents about sex education.

Organisation and Management

Parents and carers as partners: the role of the local authority

Effective consultation with parents and carers

Local authorities should have clear policies that take account of sex education and the statutory guidance given. This could take the form of health education and health promotion/personal and social education policies.

Good practice suggests that an effective policy will contain:

- clearly defined management responsibility for health education within the authority to provide a clear overview ranging from pre-school to secondary school
- a commitment to work in partnership with parents that acknowledges the cultural, ethnic and religious influences within the home, the school and the community
- agreed procedures for consulting and taking account of parents'/carers' and schools' views
- planned opportunities for staff development on strategies for effective consultation
- strategies for effective partnership with faith and ethnic groups
- protocols and procedures relating to the operating arrangements between schools and external agencies involved in health promotion
- agreed procedures to ensure that staff and parents/carers are fully aware of the partnership activity with health agencies, and the implications particularly in relation to confidential counselling and advice
- an agreed framework for sex/health education, personal and social education and religious and moral education
- advice on issues related to teaching sex education to vulnerable pupils and those with special educational needs
- advice to schools on clear arrangements for children who are withdrawn from the sex education programme by parents/carers
- planned opportunities for staff development on sex education
- practical advice for responding to local/media concerns
- quality-assurance mechanisms, which ensure that schools coordinate, monitor and review the programmes, methodology and resources used in relation to sex education and personal and social education/health education
- procedures for evaluating local authority policies and practice regularly
- procedures to ensure that the guidance principles set out in the circular *Standards in Scotland's Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools*, are applied equally to relevant informal education activity or information delivered to children looked after by local authorities in residential settings or to young people in youth clubs or groups for which local authorities are responsible.

Parents and carers as partners: the role of the school

Effective consultation with parents and carers

Schools should have clear policies that take account of sex education and the statutory guidance given. This could take the form of health education and health promotion/personal and social education policies.

Good practice suggests that an effective policy will contain:

- advice to ensure that all staff are made fully aware of the authority's and the school's policy
- a commitment to work in partnership with parents that acknowledges the cultural, ethnic and religious influences within the home, the school and the community
- agreed procedures for consulting and taking account of parents'/carers' views as programmes develop
- a commitment to liaison with associated pre-school establishments/primaries/secondaries to ensure continuity of health education
- a clear statement of the parents' and pupils' rights and responsibilities
- information on the roles and responsibilities of external agencies involved in health promotion within the school
- clear arrangements for working together with external agencies in school and the implications particularly in relation to confidential counselling and advice
- agreed programmes/resources and an approach for sex/health education, personal and social education and religious and moral education
- agreed approaches to teaching sensitive aspects of sex education
- advice on issues related to teaching sex education to vulnerable pupils and those with special educational needs
- clear arrangements for children who are withdrawn from the sex education programme by parents/carers
- planned opportunities for staff development on sex education
- procedures for responding to local/media concerns
- procedures for coordinating, monitoring and reviewing sex education programmes, methodology and resources.

Parents and carers as partners: features of good practice

Effective consultation with parents and carers

A school policy statement on consultation with parents and carers should provide the foundations on which to develop good practice.

Features of good practice in consultation with parents/carers include:

- the appointment of a coordinator for health education with clear support from the senior management team. An important aspect of the role of the coordinator is as a reference point for staff/parents
- developing with parents/carers strategies for working in partnership to promote health amongst children and young people, particularly vulnerable pupils
- ensuring parents are familiar with current approaches to sex education. This may be done in a variety of ways, for example through a newsletter, working with parents in groups and giving direct experience of activities and resources involved, and participation in the school health education working group
- informing parents and carers of the sex education programme and ensuring that there are simple and direct procedures by which to raise concerns and discuss issues arising from health education
- providing up-to-date information for parents about a number of health-related issues, for example through leaflets available at parents' evenings
- working collaboratively with external agencies, for example health promotion departments of health boards or health care trusts, social services, school nurse
- providing in the school handbook information in everyday, accessible language about protocols and procedures.

Consultation with parents: Performance Indicators

The following pages provide extracts from *A Route to Health Promotion: Self-Evaluation using Performance Indicators,* which schools may find useful when developing policies for parents about sex education.

A Route to Health Promotion: Performance Indicator 5.2 – Partnership with parents and the school board

This performance indicator is concerned with the following themes.

- Encouragement to parents to be involved in their child's learning and the life of the school.
- Responsiveness of the school to parents' views and enquiries.
- Effectiveness of links between the school and the school board.

To what extent do you work in partnership with parents and your school board to promote positively the health and wellbeing of your pupils?

How do you know?	Some features you might look for
How much involvement do parents have in the health education curriculum?	• A shared understanding of aims and approaches and role in homework. • The school promotes joint home–school approaches on health issues such as road safety and nutrition that encourage the practical involvement of parents where appropriate. • Workshops/briefings in advance of sensitive issues in: – programmes/resources – use of outside agencies – homework.
How does the school encourage parents to support health promotion?	• The school prospectus clearly identifies welfare arrangements based on policies about which parents were consulted. • Making appropriate use of parent helpers in health-promoting ventures such as after-school fitness sessions and safe routes to school. • Regular surveys identify parental views and elicit support for health-promoting initiatives, for example: – healthy snacks/packed lunches – safer and active routes to school – positive behaviour management – voluntary work for community groups. • Good information about local health needs and school strategies to promote children's health.
How responsive is the school to parents' views and concerns?	• Parents are encouraged to inform the school about pupils' individual needs and changing circumstances. • Parents have a named member of staff as a contact point. • Ensuring regular contact with parents of pupils with particular health needs. • Effective action and prompt, informative feedback. • The school encourages courtesy and respect in all its interpersonal communications.
How effective are links between the school and school board with regard to health promotion?	• Feedback and progress reports regarding health-promoting school developments are regularly provided at school board meetings. • The school board, parents and the wider community are encouraged to participate in shaping and supporting the school's approaches to health promotion. • Discussions take place on significant health issues in the school's community.

Organisation and Management

Some ways of finding out

- Refer to national advice as given in HMI reports on health education and promotion and to *Interchange* documents, *Homework, Policy and Practice* and *Health Education: What Do Young People Want To Know?*
- Analyse school Records of Attendance at parents' meetings and communications about health.
- Discuss policy and practice with parents and the school board.

Some suggested points for action

- Consult staff and parents about ways of strengthening provision, particularly in identifying pupils' needs on sensitive aspects such as drug and sex education and child protection.
- Work together with the school board in partnership with appropriate external agencies to review and improve practice.

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Organisation and Management

A Route to Health Education: Performance Indicator 5.3 – Links with other schools, agencies, employers and the community

This performance indicator is concerned with the following themes.

- Range, purpose and effectiveness of contacts with other educational establishments.
- Range, purpose and effectiveness of contacts with voluntary organisations, the wider community and employers.
- Range, purpose and effectiveness of contacts with statutory organisations.

To what extent does your contact with other educational establishments, voluntary organisations, the wider community, employers and statutory organisations positively promote the health and wellbeing of staff and pupils?

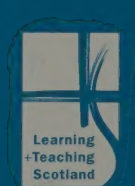
How do you know?	Some features you might look for
How balanced is the range of outside agencies offering input?	• There are well-established contact officers in health, social work, community education and police services to provide advice for the school and establish onward referral arrangements as necessary. • Emergency support, health, leisure and consumer services all provide input and operate within shared guidelines. • The school has access to specialists such as dieticians and therapists supporting pupils on joint home–school approaches to problems associated with diet, speech, exercise, sleep and behaviour. • Arrangements are in place to support pupils in need of emergency clothing, food, hygiene or transport. • Well-organised arrangements are in place to support pupils in emergency situations such as those caused by injury, bereavement, or substance abuse.
How far are outside agencies involved in health education in addition to routine care of pupils' health?	• Health professionals advise on health education and provide resources/training. • Police work with teachers in lessons on pupil safety and crime prevention. • Dietician/cook participates in the School Nutrition Action Group or School Health Working Group. • Involving community education workers in developing an approach to health promotion and in promoting a range of healthy leisure activities. • Planning the support offered by voluntary organisations for particular aspects of health promotion and health education.
To what extent are pupils enabled to access services independently?	• Helpline/support service information on display. • Routine screening/medical checks include discussion of personal health needs. • Police establish low-key contact with pupils in class and at after-school activities.

Some ways of finding out

- Refer to national advice as given in HMI reports on health education and promotion.
- Analyse school records of pupil uptake of health services.
- Evaluations of inputs from outside agencies through joint discussion.
- Evaluations of correspondence about health issues.
- Discussions with staff and pupils.

Some suggested points for action

- Consult support agencies and the school community about existing strengths, shortfalls and ways to strengthen provision.



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